

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 10% REDUCTION | | AFTER 20% REDUCTION | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL DEP. | 29 | | | | | |
| TOTAL CLAIMS | 30 | | | | | |

| | CLAIMS | | | | | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |